

COMPUTER SCIENCE & ARTIFICIAL INTELLIGENCE HR INTAKE FORM

PERSONEL INFORMATION		
LEGAL FIRST NAME:	LEGAL MIDDLE NAME (IF APPLICABLE):	LEGAL LAST NAME:
GENDER:	PHONE NUMBER:	PERSONAL EMAIL:
PI/SUPERVISOR AT MIT:	MIT ID (IF APPLICABLE):	Room Number:

ADDRESS		
ADDRESS:	APARTMENT:	TOWN/CITY:
STATE:	COUNTRY:	ZIP CODE:

IMMIGRATION		
VISA TYPE:	VISA START DATE (MM/DD/YYYY):	VISA END DATE (MM/DD/YYYY):
COUNTRY OF CITIZENSHIP:		

HUMAN RESOURCE INFORMATION TO BE FILLED OUT BY CSAIL HR STAFF		
PURPOSE OF TRANSACTION:	JOB TITLE:	COST OBJECT:
PERCENT OF EFFORT:	START DATE: (MM/DD/YYYY)	END DATE: (MM/DD/YYYY)
DOB	SSN	